

## OSHA Issues Final Ergonomics Standard

ON NOVEMBER 13, 2000, OSHA issued its final ergonomics standard, which the agency expects will prevent hundreds of thousands of injuries each year. The final standard requires employers to implement ergonomics programs and fix jobs where musculoskeletal disorders (MSDs) occur. While not as strong as originally proposed—because it does not require action until workers are injured and does not cover all industries—OSHA expects the rule will bring major improvements in workplace safety.

### Who is Covered?

OSHA's final standard applies to *all* employers in general industry. The standard does not apply to employers in the construction, maritime, agricultural and railroad industries.

### What Must Employers Do?

Under the standard, employers in general industry must provide *all* workers with basic information on MSDs. This includes MSD signs and symptoms, the importance of early reporting of MSDs, how workers can report MSDs, the risk factors associated with MSD hazards and a summary of the requirements of the standard.

Employers must take further action whenever a worker reports an MSD or signs or symptoms of an MSD. After a worker report, employers must determine whether the worker has a work-related MSD incident *and* if exposure to ergonomic risk factors on the worker's job meets an

Action Trigger. Employers do not have to address MSD hazards if there is no injury. Action Triggers are defined as exposures to risk factors (repetition, force, awkward postures, contact stress and vibration) that meet specified durations or frequencies.

### How Will Workers Benefit?

About 1.8 million workers report MSDs, such as carpal tunnel syndrome, tendinitis, and back injuries, each year. About 600,000 of these workers take time off work because of their injuries. An estimated additional 1.8 million workers each year experience MSDs that are not reported. According to OSHA, the

ergonomics standard will prevent 4.6 million work-related MSDs over 10 years, or an average of 460,000 per year.

### When Does the Standard Go into Effect?

The Ergonomics Program Standard becomes effective on January 16, 2001. Employers must provide the required basic information to employees by October 14, 2001. After that date, employers also must begin receiving and responding to employee reports of MSD signs and symptoms.

### Where Can I Get More Information?

The OSHA web page, <http://www.osha.gov>, includes the standard itself as well as informational materials and answers to frequently asked questions.

*Business and congressional opponents may attempt to overturn the final standard or block it from taking effect. As a result, the standard may not go into effect as scheduled.*

## Watch out! It's winter again

Winter brings special safety and health concerns, at home and on the job.

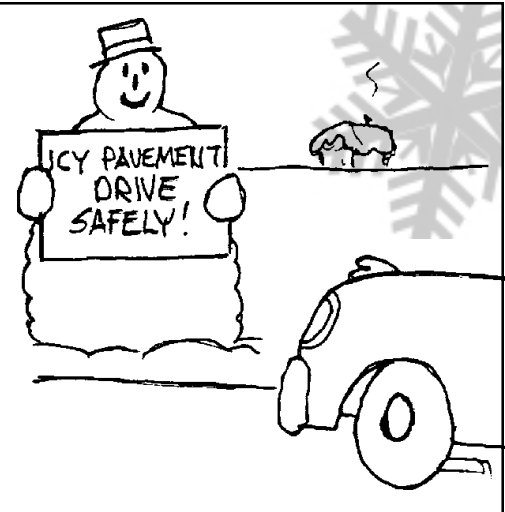
**Carbon monoxide poisoning** - Operate generators, forklifts, and other propane-powered equipment only in well-ventilated areas.

**Icy roads** - Slow down.

**Hypothermia** - Wear layers. Stay dry. Drink warm liquids.

**Downed power lines** - Stay away from downed power lines.

**Icy parking lots, driveways, and sidewalks** - Wear shoes with good treads.



## Depression and Safety: What's the Connection?

*by Jonathan Lepoff*

Unrecognized and untreated depression is a major problem in society in general and in the workplace. The rates of depression have increased in each generation born since 1915. Approximately 100,000 Mainers will suffer from depression this year.

Depression is often misunderstood. It is neither a passing mood nor a personal weakness. It can not be overcome by willpower. It is an illness that can be treated successfully. Although depression is most often diagnosed in women,

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*Employers should be aware that depression is a recognized disability under the Americans with Disabilities Act.*

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research indicates that it is often unrecognized in men because symptoms often appear as anger or risk taking.

Depression in the workplace is expensive. The Rand Corporation estimated that Nationally depression accounts for close to \$12 billion in lost workdays each year. This figure increases if untreated depression leads to alcohol and or drug abuse. These figures do not include losses caused by reduced productivity which Rand estimated at \$11 billion dollars a year.

At first glance, it would seem that occupational health and safety and untreated depression are distinct topics with little relationship. We think of occupational safety and health as being about machine guarding, personal protective equipment and industrial hygiene.

Consider some of the symptoms of depression: tiredness, inability to concentrate, and suicidal thoughts. It's easy to see the impact these symptoms could have on worker safety, particularly where a worker is operating a machine that requires close attention. Less immediately obvious,

but potentially more dangerous are situations where a worker is responsible for making decisions or calculations which could effect the safety of others.

Because we are concerned about the effect that unrecognized and untreated depression has on our employees and our operations, the Maine Department of Labor is including a depression awareness program in its annual safety training for its own employees this year. We encourage other Maine employers to also offer depression recognition programs and to develop procedures for referral to appropriate services.

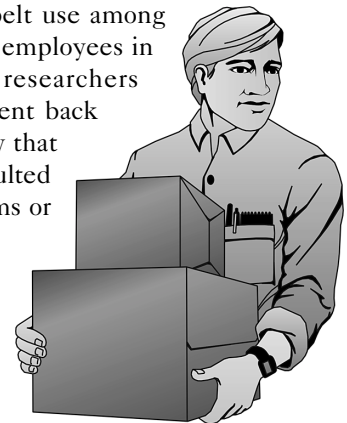
Employers should be aware that depression is a recognized disability under the Americans with Disabilities Act.

*For more information about depression contact the National Institute of Mental Health at <http://www.nimh.nih.gov>, phone: (301) 443-4513.*

*Jonathan Lepoff is a member of the Maine Department of Labor Safety Committee.*

## No Evidence that Back Belts Reduce Injury or Pain

The National Institute for Occupational Safety and Health (NIOSH) studied back belt use among 13,873 material handling employees in 160 retail stores. The researchers found that neither frequent back belt use nor a store policy that required back belt use resulted in fewer back injury claims or reports of back pain. The results were published in the December 6, 2000 issue of the Journal of the American Medical Association.



**Visit our website at <http://janus@state.me.us/labor/blsmain.htm>**

## Notes from the Field

### Key to MSDS Abbreviations

Material Safety Data Sheets, or MSDS, are important safety tools, but that doesn't mean they are easy to read. Following are some of the many abbreviations and acronyms you are likely to find on an MSDS.

**ACGIH** - American Conference of Governmental Industrial Hygienists

**aq** - aqueous

**atm** - atmosphere

**bp** - boiling point

**CAS** - Chemical Abstracts Service. Every chemical has a unique CAS number.

**cc** - cubic centimeter

**CL** - ceiling concentration

**flash p** - flash point

**fp** - freezing point

**g,gm** - gram

**HR:** - hazard rating

**IARC** - International Agency for Research on Cancer

**kg** - kilogram

**L,l** - liter

**LEL** - lower explosive level

**m<sup>3</sup>** - cubic meter

**mg** - milligram

**mL,ml** - milliliter

**mm** - millimeter

**mppcf** - million particles per cubic foot

**NIOSH** - National Institute for Occupational Safety and Health

**OSHA** - Occupational Safety and Health Administration  
**PEL** - Permissible Exposure Limit - OSHA's occupational exposure limit.

**ppb** - parts per billion

**ppm** - parts per million

**ppt** - parts per trillion

**TLV** - Threshold Value Limit - ACGIH's occupational exposure limit.

**TWA** - time weighted average

**UEL** - upper explosive limit

**ULC** - Underwriters Laboratory Classification

**vap** - vapor

**vap d** - vapor density



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e-mail the information to [lynne.c.lamstein@state.me.us](mailto:lynne.c.lamstein@state.me.us) (put "SafetyWorks! Newsletter" in the subject field).

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The editors are Lynne Lamstein, director of outreach and education and Jonathan Lepoff, staff development coordinator. You may reach them by calling 624-6400. For more information about SafetyWorks!, use our toll-free number: **1-877-SAFE-345**.

TTY 1-800-794-1110. e-mail: [webmaster\\_bls@state.me.us](mailto:webmaster_bls@state.me.us)

## What Really Makes a Difference in Safety?

Conference on Intervention Effectiveness

May 17, 2001

University of New England

For more information, call Ivan Most, 799-3108

Visit our website at <http://janus@state.me.us/labor/blsmain.htm>

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*Winter 2001*

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## FROM THE DIRECTOR

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The beginning of the year is a good time to look back on what has been accomplished and to look ahead at our plans for the future. Last year over 5000 Maine employers and employees received direct safety and health training or consultation from SafetyWorks! By sharing what they learned, many more people benefited.

Our goal is to make “Safety” and “Health” household watchwords, and there’s more to be done. SafetyWorks! staff have started training educators to teach the Starting Safely program—a 3-hour curriculum for teaching youth about

workplace safety and health. And we are exploring even more ways to expand our services and collaborate with other members of Maine’s safety and health community.

We can make a difference! Your participation is vital! Sign up for classes; keep yourselves, family and co-workers aware of safety and health matters; and most importantly, always practice safety around our youth. Remember—they learn from what we do. Let’s move on to another year and together reach new and higher levels of safety and health.



Michael V. Frett, Director  
Bureau of Labor Standards